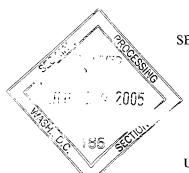
FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY								
Prefix	Serial I							
DATE	RECEIVED							

Filing Under (Check box(es) that apply):	te Offering Rule 504 Rule 505	Rule 506	Section 4(6)	ULOE
Type of Filing: New Filing	Amendment	La Raie 300	3000 doi: 1(0)	
	A. BASIC IDEN	TIFICATION DATA		*
1. Enter the information requested abou	the issuer		K	JUL 1.5 2005
Name of Issuer (check if this is	an amendment and name has changed, an	d indicate change.))
Islay Opportunity Fund I, LP	G .			3.7%
Address of Executive Offices 1655 Main Street, Suite 203, Lubbock		City, State, Zip Code)	Telephone Number (Inc. (806) 744-8617	luding Area Code)
Address of Principal Business Operation (if different from Executive Offices)	s (Number and Street,	City, State, Zip Code)	Telephone Number (Inc	luding Area Code)
Brief Description of Business In	vestment Partnership			
Type of Business Organization				
☐ corporation	limited partnership, already fo	rmed	other (please spec	cify):
business trust	☐ limited partnership, to be form	ed		
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organiza				timated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENT	TIFICATION DATA	····	
2. Enter the information	_	-			
		r has been organized within the	•		
		to vote or dispose, or direct the	-	-	-
	cer and director of clanaging partner of p	orporate issuers and of corporate	e general and managing partner	s of partnership issue	rs; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)				Wanaging Lardier
Islay Capital Partners, LP Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
1655 Main Street, Suite 203, I	ubbock, Texas 794	401			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)				
Islay Capital Management, Ll Business or Residence Address	LC. (general partne (Number and Stree	er of Islay Capital Partners, Let, City, State, Zip Code)	.P.)		
1655 Main Street, Suite 203, I					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	idividual)				
McDonald, Eric C. Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
1655 Main Street, Suite 203, I	ubbock, Texas 794	401			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	idividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)		***************************************	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
	(Use t	plank sheet, or copy and use add	itional copies of this sheet, as r	necessary.)	

					В.	INFORM	IATION A	ABOUT (OFFERIN	G					
			,											Yes	No
	Has the issue	r,sold, or do	oes the issue	er intend to					_						×
								umn 2, if fi							
	What is the n		vestment ther by Gener			m any indiv	vidual?			• • • • • • • • • • • • • • • • • • • •			•••••••	\$ <u>250</u>	<u>* 000,</u>
	* Subje	ct to waive	er by Gener	rai Farthe	<u>r</u>									Yes	No
	Does the offe	ring nermit	ioint owner	rship of a s	ingle unit?									×	
	Enter the in		-	-	-									ar	
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111	Name (Last na				oker or dear	er, you may	/ Set lorul ii	ne miorinat	ion for that	DIOKEI OI C	lealer offiy.				
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tate	es in Which Pe	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	S								
			r check indi	vidual Stat	es)									All Sta	tes
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	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
ı11	Name (Last na	me first, if	individual)												
												· · · · · · · · · · · · · · · · · · ·			
usi	ness or Reside	nce Addres	s (Number	and Street,	City State,	Zip Code)									
an	e of Associate	d Broker or	Dealer												
ate	s in Which Pe	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	S	_							
	(Check "A	Il States" of	r check indi	vidual Stat	es)			******************					***********	All Sta	tes
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
الد	Name (Last na			[111]	[171]	[01]	[11]	[, , , ,	[111]	[,, ,]	[***1]	[,, 1]	(110)		-
usi	ness or Reside	nce Addres	s (Number	and Street,	City State,	Zip Code)									
an	e of Associate	d Broker or	Dealer												
tate	es in Which Pe	rson Lieted	Has Solicit	ed or Inten	ds to Solici	t Purchaser	·····								
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	,		r check indi		•		[OT]							All Sta	tes
	(AL) [IL)	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	ron	LCC1	teni	(TNI)	ושטו	LI ELI	CVTCI	fWA1	ENZAT	[33/3/]	(33/11)	(WV)	(DD)		

[TN] [TX] [UT] [VT] [VA] [WA] [WV] [W (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

(۲.	OFFERING PRICE.	NUMBER (OF INVESTORS.	EXPENSES A	ND USE OF PROCEE	DS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box—and indicate in the columns below the amounts of securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price(1	1)	Am	ount Already Sold
	Debt	\$	_	\$	
	Equity	\$	_	\$	
	□Common □ Preferred				
	Convertible Securities (including warrants)	\$	-	\$	
	Partnership Interests	.\$ <u>500,000,000</u>	_	\$	2,300,000
	Other (Specify:	\$	-	\$	
	Total	.\$ <u>500,000,000</u>	_	\$	2,300,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering an the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of person who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" answer is "none" or "zero."	s		Do	Aggregate illar Amount f Purchases
	Accredited Investors			\$	2,300,000
	Non-accredited Investors.		-	\$_ \$	0
	Total (for filings under Rule 504 only)		-	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		-	Ψ_	2.117.2
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold be the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	•		Do	ıllar Amount
	Type of offering	Type of Securit	y	DC	Sold
	Rule 505	N/A	_	\$	N/A
	Regulation A	N/A	_	\$	N/A
	Rule 504	N/A	_	\$	N/A
	Total	<u>N/A</u>	_	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in the offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be give as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and chec the box to the left of the estimate.	n			
	Transfer Agent's Fees	•••••		\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		X	\$	40,000
	Accounting Fees			\$	0
	Engineering Fees			\$	00
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total		×	\$	40,000 (2)
(1)	The Issuer is offering for sale an indefinite dollar amount of Limited Partnership Interests. The total aggre	gate amount ref	lected	l in this	form is

estimated solely for the purpose of this filing.
(2) The amount reflects initial costs only.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

and total expense	es furnished in response to P	egate offering price given in response to Part C - Question 1 art C - Question 4.a. This difference is the "adjusted gross		\$4	199,960,000
of the purposes so	hown. If the amount for any	s proceeds to the issuer used or proposed to be used for each purpose is not known, furnish an estimate and check the box yments listed must equal the adjusted gross proceeds to the a 4.b above.			
				Payments to Officers, Directors, and Affiliates	Payments to Others
Salaries and fees.				\$	(3) 🗆 \$
Purchase of real e	estate			\$	□ \$
Purchase, rental of	or leasing and installation of r	nachinery and equipment		\$	\$
		facilities	_	\$	_ \$
•	, ,	value of securities involved in this offering that ities of another issuer pursuant to a merger)		\$	□ \$
Repayment of inc	lebtedness			\$	\$
Working Real Es	tate			\$	\$
Other (specify): F	Purchase and sell securities.			\$	\$ <u>499,940,000</u>
Column Totals				\$	(3) \$499,940,000
Total Payments L	.isted (column totals added)				≭ \$499,940,000
	nt Fees on a quarterly rate,	nager and affiliate of the Issuer, will be entitled to as more fully described in the Issuer's confidential D. FEDERAL SIGNATURE			
	AT 1011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			 -	
n undertaking by the is:		the undersigned duly authorized person. If this notice is file urities and Exchange Commission, upon written request of it (2) of Rule 502.			
ssuer (Print or Type)		Signature		Date	
slay Opportunity Fun	d I, LP	I hiche Dall		July	_, 2005
Name of Signer (Print or	r Type)	Title of Signer (Print or Type)		<u> </u>	Additional Color
Eric C. McDonald, CF.	A	Member of Islay Capital Management, LLC, the Ger	eral F	artner of	
		Islay Capital Partners, LP, the General Partner of Is	suer		

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	•		
	·	Yes	No
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?		— X

E. STATE SIGNATURE

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Islay Opportunity Fund I, LP	Vie hold	July
Name (Print or Type)	Title (Print or Type)	
Eric C. McDonald, CFA	Member of Islay Capital Management, LLC, the General Partislay Capital Partners, LP, the General Partner of Issuer	tner of

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

n / 00

		,		APP	PENDIX				
1	Intend to non-a investor	d to sell accredited as in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of in amount pure	avestor and hased in State -Item 2)		Disqua under St (if yes explar waiver	5 lification ate ULOE s, attach nation of granted) G-Item 1)
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK		<u> </u>							
AZ									
AR	ļ								
CA									
со					 				
СТ									
DE					. <u></u>				
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FL								····	
GA		<u> </u>			****				
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MT									
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NH									

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				API	PENDIX						
1	Inten-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
NJ											
NM											
NY											
NC											
ND											
ОН											
ОК							<u> </u>				
OR											
PA		X	\$500,000,000	1	\$250,000	0	0	N/A	N/A		
RI									<u> </u>		
SC											
SD											
TN											
TX		X	\$500,000,000	10	\$2,050,000	0	0	N/A	N/A		
UT											
VT											
VA								****			
WA											
wv									ļ		
WI											
WY											
PR											